

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**  
**UTILITY PATENT APPLICATION TRANSMITTAL**

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: Smits et al.

TITLE: METHOD AND APPARATUS FOR IMPARTING CURVES IN IMPLANTABLE ELONGATED MEDICAL INSTRUMENTS

CERTIFICATE UNDER 37 CFR §1.10. I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Box Patent Application, Commissioner of Patents, Washington, D.C. 20231, "EXPRESS No. EV 019 707 229 US, on this 9th day of January, 2002

Sue McCoy

Printed Name

Signature

Commissioner for Patents  
 BOX PATENT APPLICATION  
 Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

☒ Patent Application Transmittal☒ Specification:Total pages: 32 (including claims and abstract: Spec. 22 sheets; Claims 9 sheets; Abstract 1☒ Drawings:Total sheets: 6☒ formal ☐ informal**Combined Declaration and Power of Attorney:**☒ unexecuted☐ copy from prior application☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))☐ Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.**Accompanying application parts:**☐ Notification of filing a☐ Assignment of the invention to Medtronic, Inc.☐ Assignment cover sheet☒ Information Disclosure Statement☒ PTO Form 1449☒ Copies of IDS citations☐ Preliminary Amendment☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.☒ Return Postcard**IF A CONTINUING APPLICATION:**☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)  
of prior application No. \_\_\_\_\_ / \_\_\_\_\_.☐ Amend the specification by inserting before the first line the sentence: This application is a ☐ continuation ☐ division ☐ continuation in part of application number \_\_\_\_\_, filed \_\_\_\_\_.☐ Cancel in this application original claims \_\_\_\_\_ of the prior application before calculating the filing fee. (At least the original independent claim must be retained for filing purposes.)☐ The prior application is assigned of record to Medtronic, Inc.☐ The Power of Attorney in the prior application is to: \_\_\_\_\_.



This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) \_\_\_\_\_, filed \_\_\_\_\_.



Address all future correspondence to:

Girma Wolde-Michael, Reg. No. 36,724  
**Medtronic, Inc.**, MS 301  
710 Medtronic Parkway  
Mailstop LC340  
Minneapolis, Minnesota 55432  
Telephone: (763) 514-6402  
Facsimile: (763) 505-2530

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	25	20	= 5	x 18	90
Independent Claims	6	3	= 3	x 84	252
Multiple Dependent Claims	0		0	+ 280	0
Basic Filing Fee					\$740.00
TOTAL					1082.00

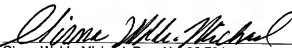


Charge Deposit Account No. 13-2546 the amount of \$1082.00 for a **TOTAL OF \$1082.00.**



The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Date

  
Girma Wolde-Michael, Reg. No. 36,724  
MEDTRONIC, INC.  
7000 Central Avenue N.E.  
Minneapolis, Minnesota 55432  
Telephone: (763) 514-6402